

City Council
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City of Long Beach



City Manager
 Jack Schnirman

Assistant Superintendent
 of Parks and Recreation
 Paul Ferrante

Parks & Recreation Department

STRENGTH TRAINING 101

This class will be held at the fitness center at the Long Beach Recreation Center.

Wednesdays 11:00 a.m. – 12:00 p.m.

Schedule of Classes:

	September	October
Wednesday	14 – 21 – 28	5 – 19 – 26

Class description: Become more comfortable in the weight room, learn new exercises, build strength and increase bone density in this six week, one hour strength training class. Using the Cybex strength equipment at the Recreation Department, our Exercise Physiologist, Diane Danby, will teach each participant how to set the equipment, lift weight properly, progress to the next level or modify an exercise. Your individual program will allow you to move at your own pace in this group setting.

Class fee as follows:

WITH FACILITY MEMBERSHIP

Resident	\$60
Resident Senior	\$60
Non-Resident	\$75
Non-Resident Senior	\$75

WITHOUT FACILITY MEMBERSHIP

Resident	\$108
Resident Senior	\$84
Non-Resident	\$123
Non-Resident Senior	\$99

Pay per class fee: \$15 plus entrance to Facility

Make checks payable to City of Long Beach. Cash, Visa or MasterCard are also accepted.

Strength Training Class Fall 2016

**Put Telephone # on check

NAME _____

AGE _____ SEX _____

STREET _____

CITY _____

PHONE _____

E-MAIL _____

FILL OUT MEDICAL INFORMATION ON BACK OF THIS FLYER

For Rec Use Only:

Receipt # _____ Amt Pd. _____ Date _____ Staff _____ Posted _____

Fall 2016 Strength Training CLASS

EMERGENCY MEDICAL INFORMATION

(Please print clearly)

PLEASE COMPLETE THE FOLLOWING INFORMATION:

NAME _____ HOME PHONE # _____

AGE _____ SEX _____ BIRTH DATE _____

ADDRESS _____

CITY/STATE _____ ZIP _____

EMPLOYER _____ PHONE _____

IN AN EMERGENCY PLEASE NOTIFY:

NAME _____ PHONE _____

ADDRESS _____

RELATIONSHIP (to above) _____

1. HAS APPLICANT HAD ANY SERIOUS ILLNESS, INJURY OR OPERATION (if YES, give dates & explanations). _____

2. WILL APPLICANT BE TAKING ANY MEDICATION? (if YES, indicate types & effects). _____

3. DOES APPLICANT HAVE A PHYSICAL OR MENTAL DISABILITY THE INSTRUCTOR NEEDS TO BE AWARE OF FOR INSTRUCTIONAL MODIFICATIONS OR EMERGENCY PURPOSES? (if YES, please explain:) _____

Participant's Signature

Date

Physician's signature of approval to participate

Date